

STATE OF HAWAII — DEPARTMENT OF TAXATION
Individual Income Tax Return
NONRESIDENT and PART-YEAR RESIDENT 1999
Calendar Year 1999

DO NOT WRITE OR STAPLE IN THIS SPACE

or other tax year beginning _____, 1999 and ending _____, _____

▶ Check the applicable box: ☐ Part-Year Resident ☐ Nonresident

AMD UNP 008 PNT INT

| | | | | |
|---------------------------|--|-----------|---------------------------------|--|
| PLEASE PRINT • OR TYPE | Your first name and initial | Last name | Your social security number | |
| | If a joint return, spouse's first name and initial | Last name | Spouse's social security number | |
| | Present mailing or home address (Number and street, including apartment number or rural route) | | Your occupation | |
| | City, town or post office, State and ZIP code | | Spouse's occupation | |

**HAWAII ELECTION
CAMPAIGN FUND**

| | | | |
|---|-----|----|--|
| Do you want \$2 to go to the Hawaii Election Campaign Fund? | Yes | No | Note: Checking "Yes" will not increase your tax or reduce your refund. |
| If joint return, does your spouse want \$2 to go to the fund? | Yes | No | |

RESIDENCY STATUS

▶ If you are a nonresident, in what state or foreign country are you a resident? _____

| | | |
|------------------|---|----------------------|
| FILING STATUS | 1 <input type="checkbox"/> Single | (Check only ONE box) |
| | 2 <input type="checkbox"/> Married filing joint return (even if only one had income). | |
| | 3 <input type="checkbox"/> Married filing separate return. Enter spouse's social security no. above and full name here. ● | |
| | 4 <input type="checkbox"/> Head of household (with qualifying person). If the qualifying person is your child but not your dependent, enter this child's name here. ▶ | |
| | 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (Year spouse died 19 ●). | |

| | | | | | |
|------------|---|---|--|---------------------------------------|-----------------|
| EXEMPTIONS | Caution: If you can be claimed as a dependent on another person's tax return (such as your parents'), do not check box 6a, but be sure to check the box below line 35. | | | | |
| | 6a <input type="checkbox"/> Yourself <input type="checkbox"/> Age 65 or over | } Enter number of boxes checked on 6a and 6b ▶ <input type="text"/> | | | |
| | 6b <input type="checkbox"/> Spouse <input type="checkbox"/> Age 65 or over | | | | |
| | Dependents: | | } Enter number of your children listed 6c ▶ <input type="text"/> Enter number of other dependents 6d ▶ <input type="text"/> Add numbers entered in boxes above 6e ▶ <input type="text"/> | | |
| | 6c and 6d | 1. First and last name | | 2. Dependent's social security number | 3. Relationship |
| | 6e | Total number of exemptions claimed | | | |

ATTACH A COPY OF YOUR FEDERAL INCOME TAX RETURN FOR 1999

| | | | | | | |
|---|--|--------------------------------|-----------------------|-----|------------------------|----|
| INCOME | ROUND TO THE NEAREST DOLLAR | | Col. A - Total Income | | Col. B - Hawaii Income | |
| | 7 Wages, salaries, tips, etc. (attach Form(s) W-2)..... | | 00 | 7● | | 00 |
| | 8 Interest income from the worksheet on page 34 of the Instructions..... | | 00 | 8● | | 00 |
| | 9 Ordinary dividends | | 00 | 9● | | 00 |
| | 10 State income tax refund from the worksheet on page 34 of the Instructions | | 00 | 10 | | 00 |
| | 11 Alimony received..... | | 00 | 11 | | 00 |
| | 12 Business or farm income or (loss) G.E. I.D. No. | | 00 | 12● | | 00 |
| | 13 Capital gain or (loss) from the worksheet on page 34 of the Instructions | | 00 | 13● | | 00 |
| | 14 Supplemental gains or (losses) (attach Schedule D-1)..... | | 00 | 14 | | 00 |
| | 15 IRA distributions | | 00 | 15 | | 00 |
| | 16 Pensions and annuities (see Instructions and attach Schedule J, Form N-11/N-12/N-15/N-40) | | 00 | 16● | | 00 |
| | 17 Rents, royalties, partnerships, estates, trusts, etc. G.E. I.D. No. | | 00 | 17● | | 00 |
| 18 Unemployment compensation (insurance). | | 00 | 18● | | 00 | |
| 19 Other income (state nature and source) | | 00 | 19● | | 00 | |
| 20 Add lines 7 through 19..... | Total Income ▶ | 00 | 20 | | 00 | |
| ADJUSTMENTS TO INCOME | 21 IRA deduction | | 00 | 21 | | 00 |
| | 22 Student loan interest deduction from the worksheet on page 37 of the Instructions | | 00 | 22 | | 00 |
| | 23 Medical savings account deduction | | 00 | 23 | | 00 |
| | 24 Moving expenses (attach Form N-139) | | 00 | 24 | | 00 |
| | 25 Deductions for self-employment tax | | 00 | 25 | | 00 |
| | 26 Self-employed health insurance deduction | | 00 | 26 | | 00 |
| | 27 Keogh retirement plan and self-employed SEP deduction..... | | 00 | 27 | | 00 |
| | 28 Interest penalty on early withdrawal of savings | | 00 | 28 | | 00 |
| | 29 Alimony paid (Enter name and SS No. of recipient) | | 00 | 29 | | 00 |
| | 30 Payments to an individual housing account | | 00 | 30● | | 00 |
| | 31 First \$1,750 of military reserve or Hawaii national guard duty pay..... | | 00 | 31● | | 00 |
| | 32 Add lines 21 through 31 | Total Adjustments ▶ | 00 | 32● | | 00 |
| AGI | 33 Line 20 minus line 32..... | Adjusted Gross Income ▶ | 00 | 33● | | 00 |

| | | | | |
|---|---|------------|-----------|-----------|
| TAX COMPUTATION | 34 Hawaii adjusted gross income from line 33, Column B | 34 | | 00 |
| | 35 Ratio of Hawaii AGI to Total AGI. Divide line 33, Column B, by line 33, Column A (Compute to 3 decimal places and round to 2 decimal places) | 35 | _____ | |
| | CAUTION: If you can be claimed as a dependent on another person's return, check here <input type="checkbox"/> and see Instructions. | | | |
| | 36 If you do not itemize deductions, enter zero on line 36g and go to line 37a. Otherwise go to page 19 of the Instructions and enter your Hawaii itemized deductions here. | | | |
| | 36a Medical and dental expenses (from Worksheet A-1) | 36a | | 00 |
| | 36b Taxes (from Worksheet A-2) | 36b | | 00 |
| | 36c Interest expense (from Worksheet A-3) | 36c | | 00 |
| | 36d Contributions (from Worksheet A-4) | 36d | | 00 |
| | 36e Casualty and theft losses (from Worksheet A-5) | 36e | | 00 |
| | 36f Miscellaneous deductions (from Worksheet A-6) | 36f | | 00 |
| 36g If line 34 is more than \$100,000 (\$50,000 for married filing separately), see the worksheet on page 36 of the Instructions. If not, add lines 36a through 36f. Enter total here and go to line 38..... Total Itemized Deductions ➤ | 36g | | 00 | |
| 37a If you checked filing status box: <div style="display: flex; justify-content: space-between;"> 1, enter \$1,500 3, enter \$950 </div> <div style="display: flex; justify-content: space-between;"> 2 or 5, enter \$1,900 4, enter \$1,650 </div> | 37a | | 00 | |
| 37b Multiply line 37a by the ratio on line 35..... Prorated Standard Deduction ➤ | 37b | | 00 | |
| 38 Line 34 minus line 36g or 37b, whichever applies. (This line MUST be filled in) | 38 | | 00 | |
| 39a Multiply \$1,040 by the total number of exemptions claimed on line 6e. If you and/or your spouse are blind, deaf, or disabled, check applicable box(es) • <input type="checkbox"/> Yourself • <input type="checkbox"/> Spouse, and see page 24 of the Instructions | 39a | | 00 | |
| 39b Multiply line 39a by the ratio on line 35..... Prorated Exemption(s) ➤ | 39b | | 00 | |
| 40 Taxable Income. Line 38 minus line 39b (but not less than zero) Taxable Income ➤ | 40 | | 00 | |
| 41 Tax. Check if from <input type="checkbox"/> Tax Table; <input type="checkbox"/> Tax Rate Schedule; <input type="checkbox"/> Form N-168; <input type="checkbox"/> Form N-615; or <input type="checkbox"/> Capital Gains Tax Worksheet on page 36 of the Instructions. Net capital gain from line 14 of Capital Gains Tax Worksheet • _____ (• <input type="checkbox"/> Include separate tax from Forms N-2, N-103, N-152, N-312, N-405, N-586, or N-814)..... Tax ➤ | 41 | | 00 | |
| NONREFUNDABLE CREDITS | 42 Income tax paid to another state or to a foreign country (from Worksheet on page 36 of the Instructions) .. | 42 | | 00 |
| | 43 Energy Conservation Tax Credit (attach Form N-157)..... | 43 | | 00 |
| | 44 Enterprise Zone Tax Credit (attach Form N-756) | 44 | | 00 |
| | 45 Low-Income Housing Tax Credit (attach Form N-586) | 45 | | 00 |
| | 46 Credit for Employment of Vocational Rehabilitation Referrals (attach Form N-884) | 46 | | 00 |
| | 47 Tax Credits for High-Technology (attach Form N-318)..... | 47 | | 00 |
| | 48 Add lines 42 through 47..... Total Non-Refundable Credits ➤ | 48 | | 00 |
| | 49 Line 41 minus line 48 (but not less than zero) Balance ➤ | 49 | | 00 |
| TAX PAYMENTS AND REFUNDABLE CREDITS | 50 Hawaii State Income tax withheld and tax withheld on IHA distribution | 50 | | 00 |
| | 51 1999 estimated tax payments on Forms N-1 _____; N-4 _____; N-288A _____ | 51 | | 00 |
| | 52 Amount of estimated tax applied from 1998 return..... | 52 | | 00 |
| | 53 Amount paid with extension(s) | 53 | | 00 |
| | 54 Low-Income Refundable Tax Credit (attach Schedule X) DHS, etc. exemptions • _____ | 54 | | 00 |
| | 55 Credit for Low-Income Household Renters (attach Schedule X) | 55 | | 00 |
| | 56 Credit for Child and Dependent Care Expenses (attach Schedule X)..... | 56 | | 00 |
| | 57 Credit for Child Passenger Restraint System(s) (attach a copy of the invoice) | 57 | | 00 |
| | 58 Capital Goods Excise Tax Credit (attach Form N-312)..... | 58 | | 00 |
| | 59 Fuel Tax Credit for Commercial Fishers (attach Form N-163)..... | 59 | | 00 |
| | 60 Motion Picture and Film Production Income Tax Credit (attach Form N-316) | 60 | | 00 |
| | 61 Other credits (attach list and see page 27 of Instructions)..... | 61 | | 00 |
| 62 Add lines 50 through 61..... Total Payments and Credits ➤ | 62 | | 00 | |
| REFUND OR AMOUNT YOU OWE | 63 If line 62 is larger than line 49, enter the amount OVERPAID (line 62 minus line 49) | 63 | | 00 |
| | 64 Amount of line 63 to be REFUNDED TO YOU Refund ➤ | 64 | | 00 |
| | 65 Amount of line 63 to be applied to your 2000 ESTIMATED TAX | 65 | | 00 |
| | 66 If line 49 is larger than line 62, enter the AMOUNT YOU OWE (line 49 minus line 62). Attach check or money order for full amount payable to "Hawaii State Tax Collector." Write your social security number and "1999 Form N-15" on it. If you are filing your return late, see page 28 of the Instructions. Balance Due ➤ | 66 | | 00 |
| | 67 Estimated tax penalty. (See page 28 of Instructions.) Also include this amount in line 63 or 66, whichever applies. Check box if Form N-210 is attached ➤ <input type="checkbox"/> | 67 | | 00 |
| 68 If you would like us to mail you a packet of forms for next year's filing, please check this box..... • <input type="checkbox"/> | | | | |

DECLARATION

I declare, under the penalties set forth in section 231-36, HRS, that this return (including accompanying schedules or statements) has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the Hawaii Income Tax Law, Chapter 235, HRS.

| | | |
|------------------|---|--|
| PLEASE SIGN HERE | <div style="display: flex; justify-content: space-between;"> <div> ➤ Your signature _____ Date _____ </div> <div> ➤ Spouse's signature (if filing jointly, BOTH must sign) _____ Date _____ </div> </div> | |
| | <div style="display: flex; justify-content: space-between;"> <div> ➤ Preparer's Signature and date _____ ➤ Firm's name (or yours if self-employed) and address _____ </div> <div> Preparer's identification number _____ Federal E.I. No. ➤ _____ ZIP Code ➤ _____ </div> </div> | |
| | <div style="display: flex; justify-content: space-between;"> <div> Paid Preparer's Information </div> <div> Check if self-employed ➤ <input type="checkbox"/> </div> </div> | |
| | | |